



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention

2005 Municipal Recycling Data Sheet

For the calendar year ending December 31, 2005

Mail, fax or email <i>ONE COPY</i> to:	MassDEP Recycling Surveys One Winter Street, Boston, MA 02108 Fax: 617-292-5858 Email: John.Fischer@state.ma.us	Keep <i>ONE COPY</i> for your records.
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Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Municipal Information

Please note: MassDEP provides this information to people who call with questions about your municipal solid waste/recycling program and may publish it on the Web.

Name of Municipality		Estimated Population	
Recycling Program Contact Name			
Title			
Street Address			
City/Town		State	Zip Code
Telephone		Email Address	
Primary Solid Waste Collection Method		Primary Recycling Collection Method	

Recycling Collection Frequency: ☐ Biweekly Curbside ☐ Weekly Curbside ☐ Drop-Off

2. Tons of Residential Municipal Solid Waste Disposed

Important Notes:

- Residential Municipal Solid Waste (MSW) disposed should include trash from:
 - Single family or multi-family housing, apartments and condominiums served by the municipal curbside or drop-off program, and
 - Residential customers in your municipality served by subscription haulers.
- If the private hauler tonnage is unknown, MassDEP will estimate that tonnage based on the number of households subscribing privately and the per-household tonnage for households served by the municipal program.
- Indicate where your municipality, or its contractor, disposes of its residential MSW, your contract end date (if applicable), and the tonnage of residential MSW disposed of at each facility.
- If your residential MSW goes to a *transfer station*, enter the name of the final disposal location (if you have a long-term contract with a landfill or combustion facility) in addition to the name of the transfer station and tonnage disposed.
- DOUBLE CHECK THE ACCURACY OF YOUR DISPOSAL TONNAGES.** Errors made in reporting will seriously misrepresent your municipality's recycling rate.



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2. Tons of Residential Municipal Solid Waste Disposed (cont.)

	Disposal Site/Transfer Station	Contract End Date (if any)	Tons Disposed
Landfill	_____	_____	_____
Combustion	_____	_____	_____
Bulky Waste Disposal	Any bulky waste collected for disposal and NOT INCLUDED in landfill or combustion tonnage number above.		_____
Commercial Waste Disposal	Any commercial (i.e. non-residential) MSW collected for disposal and INCLUDED in landfill or combustion tonnage number above.		_____
Total Tons Disposed	Landfill + Combustion + Bulky MINUS Commercial =		_____

3. Residential Solid Waste & Recycling Services

- Please note that the sum of the number of households you report as served in each category should equal the number of households in your municipality and should reflect the ACTUAL number, as opposed to those that could POTENTIALLY use that service. In the case of drop-off service, this would mean counting only those households that purchased stickers. In the case of curbside collection, this would mean the actual number of households that the town or its contractor collects from.
- Complete the information in all of the appropriate boxes that apply to residential MSW services operated or contracted by the municipality, and services provided to residents by private subscription.

Type of Service	Curbside Collection by Municipality	Municipality Contracts w/Hauler	Residents Use Drop-off Center	Residents Subscribe w/Private Haulers	Total Households Served
Disposal Households Served:	_____	_____	_____	_____	_____
Disposal Tonnage Collected:	_____	_____	_____	_____	_____
Recycling Households Served:	_____	_____	_____	_____	_____
Composting Households Served:	_____	_____	_____	_____	_____
Name(s) of your contracted <u>waste</u> hauler(s), if applicable: _____				Contract end date(s): _____	
Name(s) of your contracted <u>recycling</u> hauler(s), if applicable: _____				Contract end date(s): _____	
Location(s) your recyclables are processed, if known: _____					

4. Costs of Residential Solid Waste Services

Please do not report other MSW costs associated with disposal, such as collection fees, hauling and transportation.

Disposal tip fee (including change in law costs if applicable): \$ _____ ☐ No Per Ton Tip Fee
Per Ton

How does your municipality charge its *residents* for solid waste program costs? Please check all that apply.

☐ Included in Tax Base ☐ Separate Flat Fee: \$ _____ ☐ Pay-As-You-Throw (PAYT)
Per Year

PAYT pricing options: \$ _____ \$ _____
1st Bag/Sticker Size Price 2nd Bag/Sticker Size Price

If your community does not have PAYT, but you want to learn more about it, please provide us with the name and phone number of the person we should contact:

_____ Contact Name and Phone



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5. Municipal Solid Waste & Recycling Services Provided to Businesses

Include only those programs that your municipality operates, funds or coordinates.

Service	Collection Method	Materials Collected
Recycling	<input type="checkbox"/> Curbside (municipally operated or contracted) <input type="checkbox"/> Drop-Off <input type="checkbox"/> Hauler Agreement (municipal coordination) <input type="checkbox"/> Other: Please Specify _____	<input type="checkbox"/> Cardboard <input type="checkbox"/> Containers <input type="checkbox"/> Paper/Mixed Paper <input type="checkbox"/> Other: Please Specify _____
Trash	<input type="checkbox"/> Curbside (municipally operated or contracted) <input type="checkbox"/> Drop-Off <input type="checkbox"/> Hauler Agreement (municipal coordination) <input type="checkbox"/> Other: Please Specify _____	

Does your municipality have an ordinance mandating that businesses recycle? ☐ Yes ☐ No

Does your municipality require haulers to provide recycling services through permit requirements? ☐ Yes ☐ No

6. Municipal Waste Diversion: General Recyclables

Please provide the amount of recyclables diverted from residential sources in your town or city through municipal and private subscription hauler recycling, composting, and hazardous household product collection programs. Use the enclosed table of conversions to enter all numbers in tons or fractions of tons. Wherever possible, please estimate the percentage from *commercial* sources. Do not include construction & demolition debris from homes, businesses, or construction companies. When details are not provided for items marked with an asterisk (*), the reported tonnage will not count toward your municipality's recycling rate.

Material	2005 Tons	% From Commercial Sources	Comments
Newspaper	_____	_____	
Cardboard	_____	_____	
Mixed Paper	_____	_____	If separate amounts not known, include ONP, OCC, magazines, office paper, junk mail, etc.
Commingled Containers	_____	_____	Use this if containers are collected together and separate material tonnage amounts are not known.
Steel/Tin Cans	_____	_____	Steel containers and tin cans. Scrap steel should be reported below in Scrap Metal/White Goods.
Aluminum	_____	_____	Collected for recycling only; do not include redemption center tonnage.
Glass (all colors)	_____	_____	Collected for recycling only; do not include redemption center tonnage.
ALL Plastics	_____	_____	Collected for recycling only. Include food, beverage & home product containers, shopping bags & wrap.
Scrap Metal/White Goods	_____	_____	Includes appliances and other residential scrap metal.
Textiles/Used Clothing	_____	Please indicate who collects these materials.	Organization(s) Collecting _____
Swap Shop	_____	Estimate tonnage of materials exchanged for reuse in designated swap shop.	
Other Residential Material*	_____	Please Describe _____	



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7. Municipal Waste Diversion Program Results: Composting/Organics

Do not include leaves/yard waste collected from landscapers or adjoining towns, or organic materials collected by a municipal recreation department that maintains athletic fields.

Leaves/Yard Waste	_____	Tons of grass, leaves, branches from single family or multi-family collections (curbside or drop-off).
Christmas Trees	_____	Number of trees or tons chipped, ground, shredded or composted (if not included in Leaves/Yard Waste).

Please provide the following information so that MassDEP can estimate your municipal default composting tonnage, which counts toward your municipal recycling rate.

TOTAL number of compost bins EVER distributed _____ Number of compost bins distributed in _____
by your city or town as of December 31, 2004 calendar year 2005

Does your community educate residents about and enforce a policy, bylaw, or ordinance excluding leaves and yard waste from collection for disposal? ☐ Yes ☐ No

Does your community have a combination of weekly drop-off and/or curbside collection for leaves and yard waste available to residents from March through November? ☐ Yes ☐ No

Does your community have a mandatory residential recycling ordinance? ☐ Yes ☐ No

8. Residential Hazardous Household Products & Difficult-to-Manage-Wastes

- A. Reporting in Part A and Part B is mutually exclusive.** Please report the number of comprehensive one-day events your municipality sponsored or participated in during 2005. To avoid double counting, please **do not report tonnage collected during one-day events in Part B.** MassDEP will estimate tonnage based on the approximate numbers of full and half cars you report having served at these events.

Total number of comprehensive _____ Approximate number of full cars _____ Approximate number of half _____
HHP events in 2005 served at these events cars served at these events

These collection events were ☐ Reciprocal ☐ Regional ☐ Open ☐ Other

- B.** If your municipality has ongoing material-specific collections in addition to the events reported in Part A, please report the amount collected in the units of measure requested. **Important Note:** Providing the amount(s) for these materials is OPTIONAL. However, if you do not have these figures to report, they will not count toward your municipal recycling rate. Report the number of days you collected these items, or the number of days your site was open to residents.

Material	Amount	Units	# of Collection Days	Collection Fee, if any
Auto Batteries	_____	Number	_____	\$ _____
Auto Tires	_____	Tons	_____	\$ _____
Batteries (Household)	_____	5-Gallon Pails	_____	\$ _____
CRTs/Electronics	_____	Pounds	_____	\$ _____
Fluorescent Lamps/Bulbs	_____	Linear Feet	_____	\$ _____
Propane Tanks	_____	Number	_____	\$ _____
Anti-freeze	_____	55-Gallon Drums	_____	\$ _____
Used Oil Filters	_____	55-Gallon Drums	_____	\$ _____
Latex/Oil Based Paint	_____	Cubic Yard Boxes	_____	\$ _____



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8. Residential Hazardous Household Products & Difficult-to-Manage-Wastes

B. (cont.)

Material	Amount	Units	# of Collection Days	Collection Fee, if any
Waste/Used Engine Oil	_____	Gallons	_____	\$ _____
Thermostats	_____	Number	_____	\$ _____
Thermometers	_____	Number	_____	\$ _____
Flow Meters	_____	Number	_____	\$ _____
Mercury Switches	_____	Number	_____	\$ _____

Type of CRT/Electronics Collection: ☐ Curbside ☐ Drop-Off ☐ Both Curbside & Drop-Off ☐ Special Event ☐ None

9. Signature of Municipal Official

I have reviewed the information provided on this municipal recycling data sheet and believe it to be accurate and complete. I understand that MassDEP may contact me if it has questions or needs additional information.

Signature

Name

Title

Telephone Number

Date